PRINTED: 03/01/2016 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6007504 01/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 NORTH JACKSON STREET** PLEASANT VIEW REHAB & HCC MORRISON, IL 61270 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations: 300.3130C)4) 300.3130C)5) Section 300.3130 Plumbing Systems c) Water Supply Syste 4) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. 5) Protective measures, such as but not limited to, installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to insure that the temperature of hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. (A, B) This requirement was not met as evidenced by: Based on observation, and interview the facility failed to ensure safe water temperatures were maintained under 110 degrees Fahrenheit in resident bathrooms. This applies to 5 of 10 residents (R1, R2, R5, R3,

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

R9) reviewed for water temperatures in the

R33, R34) in the supplemental sample.

On January 26, 2016 at 1:15PM, E20

the South hallway. The bathroom water

The findings include:

sample of 10 and 23 residents (R18, R19, R12, R20, R21, R14, R22, R13, R16, R23, R24, R25,

R26, R17, R27, R28, R29, R15, R30, R31, R32,

(Maintenance Director) checked temperatures on

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

02/25/16

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED	
		IL6007504	B. WING		01/2	29/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PLEASA	PLEASANT VIEW REHAB & HCC 500 NORTH JACKSON STREET MORRISON, IL 61270					
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	temperature in room (Fahrenheit), in 207 room 203-201 the to checked the bathronorth hallway and rodegrees, room 125 108-110 was 116.7 115.3 degrees. E20 are tested weekly be the water temperature would like them belied PM, E20 said there only one is working. red/tagged "becaute pointed to the hot wellocated on the outsite set at 118 degrees. temperature and the degrees. At 4:10 Pethe 207 bathroom we was 112.7 degrees, degrees.  On January 27, 201 turned the thermost yesterday before At 10:35 AM, E20 of the north resident between the temperature in room 113 was 115.6 117.4 degrees, room room 101 was 116.4 115.2 degrees. E20 bathrooms on the silf-113.4 degrees. hot water heater mutations.	e thermometer read 115 M, the water temperature in vas 112.4 degrees, room 213 and room 104-102 was 115.9 6 at 10:35 AM, E20 said he at down to 110 degrees " leaving at the end of the day. hecked the temperatures in athrooms and the n 113 was 115.6 degrees, 6 degrees, room 107 was n 108 was 115.6 degrees, 14 degrees, and room 102 was 0 checked temperatures in the outh hall and room 201 was is 114 degrees, and room 224 E20 said the gauge on the list not be working right and lire is pretty consistently 115	S9999	DEFICIENCY		
	(Administrator) said	the water temperature should				

Illinois Department of Public Health

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
IL60		IL6007504	B. WING	and the second s	01/2	9/2016
			DRESS, CITY, S	STATE, ZIP CODE		A example of the second of the
PLEASANT VIEW REHAB & HCC			H JACKSON N, IL 61270			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
		rees in resident areas. provide a policy for water				
		(AW)				
	300.661					
	Worker Background	ly with the Health Care I Check Act [225 ILCS 46] and orker Background Check Code				
	This requirement wa	as not met as evidenced by:				
	failed to implement including pre-screer background checks withing 10 days for a	and record review the facility their policy for abuse ning of employees for and obtaining fingerprints newly hired certified nursing a name based criminal				
		f 16 employees (E6, E7, E8, E13, E14, E15, E16, E17) ound checks.				
V (0), 1)	The findings include	:				
	background checks Nursing Assistant) w 2015 and had no fin The record showed performed to check check until Novembe E8 CNA showed a h	6 at 2:00 PM, the employee showed E6 CNA (Certified /as hired on November 6, gerprint background check. the registry check was not for a fingerprint background er 25, 2015. The record for ire date of December 8, 2015 background check was not				

Illinois Department of Public Health

STATE FORM If continuation sheet 3 of 8 6899 OL2E11

Illinois Department of Public Health

	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:			COMPLETED	
		IL6007504	B. WING		01/	29/2016	
PLEASANT VIEW REHAB & HCC 500 NOR			DDRESS, CITY, STATE, ZIP CODE RTH JACKSON STREET SON, IL 61270				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	performed until Jan check with the finge E8 was printed on J for E12 CNA, docur 8, 2016 and a finge was done on Januar On January 28, 201 Office Manager) stato the public health background check. at another facility withrough the portal a needs to have finge applicant does have 10 days after hire, the The December 201 E8 and E12 continuate 10 days when not a background check. On January 27, 201 records for E7, E9, document registry of background report with the Check of the CNA's shad registry background registry backgro	uary 5, 2016. The registry erprint background check for lanuary 26, 2016. The record ments a hire date of January rprint for background check ry 26, 2016.  6 at 7:50 AM, E22 (Business sted she does not have access portal to run a fingerprint E22 said the office manager II run the CNA's name and notify her if the applicant rprints. E22 said if the ea fingerprint check within the ney have to be suspended or fingerprint is performed.  5 CNA schedule showed E6, ed to work in December after of fingerprint was obtained for	S9999				

Illinois Department of Public Health

PRINTED: 03/01/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6007504 01/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 NORTH JACKSON STREET PLEASANT VIEW REHAB & HCC** MORRISON, IL 61270 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 date of April 28, 2015 and check of the registry for a fingerprint background check was done on April 29, 2015. The result of the check shows only a name based check and no fingerprint was on file. No other additional background information was on file. Nursing schedules document E15 had been working since April 28, 2015 without having the fingerprint background check on file. On January 28, 2016 at 7:50 AM, E22 stated when a person is hired, an employee packet is issued to them including a consent to perform the background check. E22 said when she has the signed consent she sends the form to another facility and their business office manager will perform the public health portal and send the results to the facility. E22 stated the registry check which were delayed may have been when the other business manager was off or out of the office. E22 said when the other manager is off there is no other means to get the background check. On January 28, 2016 at 8:15 AM, E1 (Administrator) stated when a CNA is hired, the director of nurses checks the registry to make sure the applicant has a valid certification. E1 said no one in the building has an assigned public health portal access for the background checks and the checks are done at another facility. E1 said a fingerprint for a background check should be done within 10 days of hire or they are suspended and have to start over.

The facility's November 2011 policy for abuse prevention documents prior to a new employee starting a work schedule this facility will: Check the Illinois Health Care Worker Registry on all individuals being hired for a position; and we are required to request a fingerprint based criminal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6007504

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING

01/29/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **PLEASANT VIEW REHAB & HCC**

## 500 NORTH JACKSON STREET MORRISON, IL 61270

PLEASA	MORRISO	N, IL 61270		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		
	history record check for all non licensed employees.			
	300.615e)			
	Section 300.615 Determination of Need Screening and Request for Request for Resident Criminal History Record Information			
	e) In addition to the screening required by Section2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section2-201.5(b) of the Act)			
	This requirement was not met as evidenced by:			
	Based on interview and record review the facility failed to submit resident background checks, check the IDOC (Illinois Department of Corrections) website, and check the ISP (Illinois State Police) website within 24 hours. This applies to 7 of 10 residents in the supplemental sample. The findings include: On January 26, 2016 at 2:00 PM, E1 Administrator said, she knows she has problems with resident background checks because she			
	did an audit and found many newly admitted			

Illinois Department of Public Health

PRINTED: 03/01/2016 FORM APPROVED

Illinois Department of Public Health

	reparament of r abile	1 Toditii				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
IL6007504		B. WING	WING		9/2016	
			22500 0171		1 0172	10/2010
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PLEASA	NT VIEW REHAB & H	CC	TH JACKSO			
	1	<del></del>	N, IL 61270	)		1
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
17.0			IAG	DEFICIENCY)		
S9999	Continued From pa	20 B	S9999			
3999	•		39999			
		e their background checks		VI PARAMANANA		
		hours. E1 said that				
		does resident background				
	checks.					
		6 at 2:50 PM, E22 said she				
		ent background checks in				
		I don 't know what happened				
		no explanation for those				
		background checks are to be				
	done within 24 hours after admission The undated Admission History sheet shows R37 was admitted on November 23, 2015. The background check was submitted on November 30, 2015, the IDOC and ISP checks were					
				* -		
		mber 30, 2015. (7 days)				
	The undated Admission History sheet shows R36 was admitted on November 7, 2015. The					
		vas submitted on November				
		and ISP checks were				
		mber 9, 2015. (2days)				
	The undated Admission History sheet shows R38 was admitted on September 14, 2015. The					
		vas submitted on October 6,		:		
		ISP checks were completed				
	on October 6, 2015.					
	The undated Admiss	sion History sheet shows R39				
	was admitted on Se	ptember 11, 2015. The				
		vas submitted on November				
		and ISP checks were				
		mber 30, 2015. (79 days)				
		sion History sheet shows R13				
****	was admitted on Aug					
		vas submitted on November				
	4, 2015, the IDOC a					
		mber 4, 2015. (84 days)				
		sion History sheet shows R40				
	was admitted on August 28, 2015. The					
		vas submitted on November				
	30, 2015, the IDOC	and ISP checks were				1

Illinois Department of Public Health

completed on November 30, 2015. (92 days)

STATE FORM

PRINTED: 03/01/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ B. WING IL6007504 01/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 NORTH JACKSON STREET PLEASANT VIEW REHAB & HCC** MORRISON, IL 61270 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 The undated Admission History sheet shows R42 was admitted on September 10, 2015. The background check was submitted on November 30, 2015, the IDOC and ISP checks were completed on November 30, 2015. (70 days) A policy for resident background checks was requested but not received. (B)

Illinois Department of Public Health STATE FORM